

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/526491

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2	1		1			
3	1		1			
4	3		1			
5	2		1			
6	3		1			
7	3		1			
8	1		1			
9	1		1			
10	1		1			
11	1		1			
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50						
TOTAL IND.	4	↓	4	↓		↓
TOTAL DEP.	14	↔	14	↔		↔
TOTAL CLAIMS	18		18			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
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100						
TOTAL IND.						↓
TOTAL DEP.						↔
TOTAL CLAIMS						↔

DC